

Sonoma County Continuum of Care (CoC) Board

2022 Nomination Form

Name of Nominee:	Agency:							
Telephone: Email:								
	on(s) Represented:							
Other reasons the nominee shou	d be considered for the CoC Board:							
Please fill out this section only	f you are nominating someone other than yourself. Please ensure you nterest form to the individual you are nominating for completion.							
Name of Nominator:	Agency:							
Contact Information:	Signature of Nominator:							
	Vacant Seats for Election							
1 Service Provider: One represer an appointed seat, as elected by	ative of a homeless services provider different than the one with oC Board.							

Please select which seat the individual is being nominated for:

□ Provider □ Licensed Health Care Organization □ At Large □ Lived Experience

Nominations and Statement of Interest must be received by 5:00 pm on August 15th, 2022

Signed forms may be scanned and emailed to Araceli.Rivera@sonoma-county.org or delivered to Sonoma County Continuum of Care, c/o Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa CA 95403. The information on the statement of interest is to be filled out by the nominee. This information will be shared publicly and personal contact information will be redacted. Self-nominations are permitted.



Sonoma County Continuum of Care (CoC) Board 2022 Statement of Interest

This section is to be filled out by the individual being nominated and will be shared publicly.

Name of Candidate:______ Agency:______ Agency:______

Please provide a statement of your interest in the Sonoma County Continuum of Care Board:

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Signature of Candidate: ______ Date: ______ Date: ______